

**SPE RESPONSE FOR CERTIFICATE OF CORRECTION**

Paper No.: \_\_\_\_\_

DATE : 07/10/08

TO SPE OF : ART UNIT 1633

SUBJECT : Request for Certificate of Correction for Appl. No.: 10/517,251 Patent No.: 7,351,875

Please respond to this request for a certificate of correction within 7 days.

Please review the requested changes/corrections as shown in the **COCIN** document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Please complete the response (see below) and forward the completed response to scanning using document code **COCX**.

Please review COCIN dated 05/15/08 Spec and claims

**Delora Dillard**

Certificates of Correction Branch

703-308-9250 ext. 172

**Thank You For Your Assistance**

**The request for issuing the above-identified correction(s) is hereby:**

Note your decision on the appropriate box.

☒ **Approved**

All changes apply.

☐ **Approved in Part**

Specify below which changes **do not** apply.

☐ **Denied**

State the reasons for denial below.

**Comments:** \_\_\_\_\_

Requested changes consistent with Allowance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
**SPE**

1633  
**Art Unit**

**SPE RESPONSE FOR CERTIFICATE OF CORRECTION**

Paper No.: \_\_\_\_\_

DATE : 07/10/08

TO SPE OF : ART UNIT 1633

SUBJECT : Request for Certificate of Correction for Appl. No.: 10/517,251 Patent No.: 7,351,875

Please respond to this request for a certificate of correction within 7 days.

Please review the requested changes/corrections as shown in the **COCIN** document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Please complete the response (see below) and forward the completed response to scanning using document code **COCX**.

Please review COCIN dated 05/15/08 Spec and claims

**Delora Dillard**

Certificates of Correction Branch

703-308-9250 ext. 172

**Thank You For Your Assistance**

**The request for issuing the above-identified correction(s) is hereby:**

Note your decision on the appropriate box.

☒ **Approved**

All changes apply.

☐ **Approved in Part**

Specify below which changes **do not** apply.

☐ **Denied**

State the reasons for denial below.

Comments: \_\_\_\_\_

Requested changes consistent with Allowance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
**SPE**

1633  
**Art Unit**